

**Native Village of Mekoryuk  
Scholarship Application  
P.O. Box 66 • 100 Chase Road  
Mekoryuk, Alaska 99630  
PH: (907)827-8828 FAX: (907)827-8133**

**Department of Higher Education & Training**

Entire application must be completed with necessary attachments. INCOMPLETE applications will not be considered.

**Higher Education/College Applicants must include the following:**

Acceptance Letter  
High School or College Transcripts  
Proof of Native Village of Mekoryuk Tribal Membership (Tribal ID, Tribal Enrollment Number)  
Written Statement  
Budget Forecast

**Training Applicants must include the following:**

Acceptance Letter  
Most recent copy of Income Tax Form 1040  
TABE Test Results  
Proof of Native Village of Mekoryuk Tribal Membership (Tribal ID, Tribal Enrollment Number)  
Written Statement

*Any questions about this application, please call Native Village of Mekoryuk @ (907) 827-8828:*

President	Edward Kiokun
Vice President	Steven Whitman
Acting Executive Director	Steven Whitman

**Mail completed applications to:**

Native Village of Mekoryuk  
Department of Higher Education & Training  
P.O. Box 66  
Mekoryuk, Alaska 99630

## **Past Presidents**

Moses Nayiruk • Peter Smith Sr. • Tom Dotomain • Jesse Moses • Walter Amos • George K. Whitman Sr.  
Edward J. Shavings Sr. • George King Sr. • Henry J. Shavings • Joseph David Sr. • Jerry David Sr.  
• Fred Don • Howard T. Amos • Samson Weston • Hultman Kiokun •  
Tom Amos • Solomon Williams • Daniel Olrún Sr. • Albert R. Williams

# Application for Services

**Please check one that best applies:**

Higher Education / College

Job Training

## Personal information

Applicant: \_\_\_\_\_ S.S. Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Marital Status:**  Single  Married  Divorced  Separated  Widowed

**Gender:**  Male

Female

**Phone Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Length of time at current address:** Years \_\_\_\_\_ Months \_\_\_\_\_

**Are you currently enrolled with the Native village of Mekoryuk?**  Yes  No

Enrollment Number: \_\_\_\_\_

**Are you currently employed?**  Yes  No **If yes are you full-time?**  Yes  No

**If employed, Employer Name:** \_\_\_\_\_

**Are you a Veteran of the U.S. Military?**  Yes  No

**Please list all household members, including yourself:**

Name	Birth Date	Age	Relationship

**Emergency Contact Information**

Person(s) who can be contacted in case of an emergency

Name	Address	Relationship	Phone Number

**Income Information**

Please list the income of members of your house hold including yourself:

Name	Source of Income	Last 6 Months	Last 12 Months

**Sources of other Income**

Please fill in amounts that apply:

TANF	\$ _____	Public Assistance	\$ _____
ATAP	\$ _____	General Assistance	\$ _____
SSI	\$ _____	Other	\$ _____
Child Support	\$ _____	Other	\$ _____
Unemployment	\$ _____	Other	\$ _____
Permanent Fund	\$ _____	Other	\$ _____

## Barriers or Needs for Education / Training / Employment

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Child Care                  | <input type="checkbox"/> No GED              | <input type="checkbox"/> Single Parent    | <input type="checkbox"/> Housing             |
| <input type="checkbox"/> Offender                    | <input type="checkbox"/> Substance Abuse     | <input type="checkbox"/> Disability       | <input type="checkbox"/> High School Dropout |
| <input type="checkbox"/> Pregnant                    | <input type="checkbox"/> Lack Work History   | <input type="checkbox"/> Transportation   | <input type="checkbox"/> Learning Materials  |
| <input type="checkbox"/> Employed with<br>Low Income | <input type="checkbox"/> Poor Reading Skills | <input type="checkbox"/> Treatment        | <input type="checkbox"/> Family Problems     |
| <input type="checkbox"/> Unemployed                  | <input type="checkbox"/> Funding             | <input type="checkbox"/> Poor Math Skills |  |
| <input type="checkbox"/> G.A. Recipient              | <input type="checkbox"/> Other _____         |   |  |

**Have you ever been convicted of any crimes?**  Yes  No  Misdemeanor  Felony

If yes, explain: \_\_\_\_\_

**If yes, did it involve alcohol or drugs?**  Yes  No

If yes, when? \_\_\_\_\_

**Are you currently on probation of parole?**  Yes  No

Probation / Parole Officer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Skills

- Computer, list any software you know: \_\_\_\_\_
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Multi-line phone  | <input type="checkbox"/> CDL           | <input type="checkbox"/> Heavy Equipment Operator |
| <input type="checkbox"/> 10 Key Calculator | <input type="checkbox"/> CPR First Aid | <input type="checkbox"/> Laborer                  |
| <input type="checkbox"/> Copy Machine      | <input type="checkbox"/> Electrician   | <input type="checkbox"/> Mechanic                 |
| <input type="checkbox"/> Carpentry         | <input type="checkbox"/> Haz-Mat       | <input type="checkbox"/> Plumbing                 |
| <input type="checkbox"/> Other _____       |  |   |

**List any barriers and skills that may help us determine your needs:**

\_\_\_\_\_

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**Education / Training / College Information**

Highest Grade level Completed: \_\_\_\_\_  High School Diploma  Certificate

High School Graduated from: \_\_\_\_\_ Location: \_\_\_\_\_ When: \_\_\_\_\_

G.E.D. \_\_\_\_\_ Location: \_\_\_\_\_ When: \_\_\_\_\_

**Please list any previous training and / or college attendance**

Name of School	Attendance Dates	Certificate / License / Degree

**Name of College or Training & address I plan to attend:**

\_\_\_\_\_

\_\_\_\_\_

Start Date: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

**Admission Status:**  Applied  Accepted (Include copy of acceptance letter)

Training Program which you are applying for: \_\_\_\_\_

College Major: \_\_\_\_\_ College Minor: \_\_\_\_\_

**Expected College Degree:**  Associate of Art  Associate of Applied Science

Bachelor of Arts  Bachelor of Science  Masters or Doctorate

<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Full time (12 or more credits)
<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Part time (6 or more credits)

Prior college achievements: (Please submit a copy of your most recent transcripts)

**Other Funding Sources**

Did you apply for other sources of funding?  Yes  No  In Process

## **Written Statement for College or Training**

Your written statement should address your educational plans for future full-time permanent employment. Please explain what your short-term and long-term goals are; your barriers and current needs to obtain your education and career goal(s). Please be specific. Include all information that you feel would help us make a determination. Questions to address in your statement can include: **(Please write or type a full-page essay)**

- What college / university / training center do you plan to attend?
- Why does this particular college / university or training center interest you?
- What are you planning to study or what skills are you hoping to attain?
- What type of industry would you like to be employed in and where?
- Why does this profession interest you?
- What type of barriers do you feel are preventing you from reaching your goal?

## Higher Education / Job Training Budget Forecast Needs

### School Budget:

Tuition: \_\_\_\_\_

Fees: \_\_\_\_\_

Books: \_\_\_\_\_

Supplies: \_\_\_\_\_

Room & Board: \_\_\_\_\_

Transportation: \_\_\_\_\_

Personal: \_\_\_\_\_

Total Budget Needs: \_\_\_\_\_

### Student Resources

Type of Aid	Fall 20____	Spring 20____	Total Resources
Alaska Family Education Loan			
Alaska Supplemental Education Loan			
Alaska Teacher Scholarship Loan			
Calista			
Coastal Villages Region Fund (CVRF)			
Federal Pell Grant (FAFSA)			
Parent Contribution			
Student / Spouse Contribution			
UA Scholar			
United Utilities, Inc.			
YKHC			
AVCP			
Other			

**Total Funding:** \_\_\_\_\_

**Unmet Need:** \_\_\_\_\_

**THIS SECTION IS FOR OFFICE USE ONLY**

**Action Taken:**       Approved       Denied      Date: \_\_\_\_\_

If denied, reason for ineligibility:

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\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature